

2002 UNIFORM BUSINESS REPORT (UBR)

0014821 AT

DOCUMENT # **A94000001491**

FILED

02 MAR 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

M M & A, A FLORIDA LIMITED PARTNERSHIP

Principal Place of Business

105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884

Mailing Address

105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3270213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGG, MIRIAM S
105 ODIN DRIVE, S.E.
WINTER HAVEN FL 33884**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Miriam S. Hogg, Gen. Partner*
Signature, typed or printed name of registered agent and title if applicable.

3/17/02
DATE

9. Capital Contributions as Shown on record.

\$934,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

\$526.25

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	HOGG, MIRIAM S
NAME	105 ODIN DRIVE, S.E.
STREET ADDRESS	WINTER HAVEN FL 33884
CITY-ST-ZIP	
DOCUMENT #	AMBROSE, MARY ANN
NAME	105 ODIN DRIVE, S.E.
STREET ADDRESS	WINTER HAVEN FL 33884
CITY-ST-ZIP	
DOCUMENT #	606935
NAME	B & M GROVES, INC.
STREET ADDRESS	105 ODIN DRIVE, S.E.
CITY-ST-ZIP	WINTER HAVEN FL 33884
DOCUMENT #	
NAME	
STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Miriam S. Hogg* **SIGNATURE REQUIRED** *David Parker* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** 3/19/02 **Date** **Daytime Phone #**

CR2E003 (9/01)

STAPLE CHECK HERE